

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90022 043 ***150.00

94017858



02172004 Chg-P CR2E034 (10/03)

DOCUMENT # K32325 1. Entity Name LOANSTAR PROPERTIES, INC.																																							
Principal Place of Business 443 W. VINE STREET KISSIMMEE, FL 34741		Mailing Address 717 E. OAK STREET KISSIMMEE, FL 34744																																					
2. Principal Place of Business 445 W. Vine Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																					
City & State Kissimmee, FL Zip 34741 Country US		City & State Zip Country																																					
4. FEI Number 59-2912667		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent SWART, H.J. 717 E. OAK ST. KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE NAME</td> <td style="width: 65%;">PSTD MORE, JOSEF 443 W. VINE STREET KISSIMMEE, FL 34741</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME	PSTD MORE, JOSEF 443 W. VINE STREET KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE NAME</td> <td style="width: 65%;">445 W. Vine Street Kissimmee, FL 34741</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME	445 W. Vine Street Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																							
SIGNATURE: <u><i>German Smith, P.O.A.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																							

Date

Daytime Phone #